

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COMMUNITY SERVICES GROUP, INC.

LEGAL ENTITY

To operate COMMUNITY SERVICES GROUP

NAME OF FACILITY OR AGENCY

Located at 532 W. SAYLOR STREET, ATLAS, PA 17851

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 17, 2011 until July 17, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 208130

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JUL 12 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Susan C. Blue, President
Community Services Group, Inc.
320 Highland Drive, P.O. Box 597
Mountville, Pennsylvania 17554

RE: Community Services Group
532 West Saylor Street
Atlas, Pennsylvania 17851

Dear Ms. Blue:

As a result of the Department of Public Welfare's licensing inspection on June 9, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME COMMUNITY SERVICES GROUPE, 532 W SAYLOR STREET ATLAS, PA 17851		CURRENT LICENSE NUMBER 208130	
INSPECTION DATES (Include all dates of the inspection) 06/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DONNA GRAEFF - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Donna Graeff</i>	DATE <i>6-27-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valencia</i>	DATE <i>6-28-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b6 If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.	The home did not assist resident #1 and Resident #3 with offering to place funds into an interest bearing account. Resident #1 had funds in their PNA account dating back from 07-29-10 through 06-09-11 that had a balance of \$399.99. Resident #3 had a PNA account that was over \$200.00 from 9-14-10 through 06-06-11. The balance on that date was \$250.00.	<i>6-27-11</i>	<p><i>THE ADMINISTRATOR WILL REVIEW ALL RESIDENT ACCOUNTS MONTHLY AS OF 6-27-11. WHEN A RESIDENT HAS A BALANCE OF MORE THAN \$200.00 FOR MORE THAN 2 CONSECUTIVE MONTHS THEY WILL BE OFFERED TO OPEN AN ACCOUNT AT THE LOCAL FNB BANK. THE REPRESENTATIVE PAYEE WILL ALSO BE NOTIFIED IF APPLICABLE. ASSISTANCE WAS OFFERED TO RESIDENT #1 WITH A CURRENT BALANCE OF \$ 201.43 TO OPEN AN ACCOUNT AT THE BANK. [REDACTED] REP. PAYEE ALSO WAS NOTIFIED. [REDACTED] HAS REFUSED, COPY IS INCLUDED. RESIDENT #3 HAS A CURRENT ACCOUNT BALANCE UNDER 200.00, [REDACTED] ACCOUNT WILL CONTINUE TO BE MONITORED. COPY OF BALANCE INCLUDED. TO AVOID A REPEAT VIOLATION THE OFFICE SUPPORT/ FISCAL PERSON WILL ALSO BE A BACKUP AND REVIEW THE ACCOUNTS MONTHLY. THIS PLAN WILL CONTINUE FOR THE DURATION OF ALL RESIDENTS STAY AT THE PCH.</i></p>	<i>Dev 6-28-11</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME COMMUNITY SERVICES GROUP, 532 W SAYLOR STREET ATLAS, PA 17851		CURRENT LICENSE NUMBER 208130	
INSPECTION DATES (Include all dates of the inspection) 06/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DONNA GRAEFF - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Donna Graeff</i>	DATE 6-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Debra C. Valence</i>	DATE 6-28-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The home was assisting residents with financial management, their PNA funds, and were not maintaining a quarterly itemized accounting of these transactions. The home was not providing a quarterly accounting to the resident or the resident's payee. The following resident records were reviewed and no quarterly record was present. Resident #1 had a balance of \$399.99, Resident #2's balance was \$ 80.00 and Resident #3 had \$200.00.	6-27-11	<p><i>RESIDENT #1, #2 + #3, ALONG WITH THEIR REPRESENTATIVE PAYEE WILL BE GIVEN AN ITEMIZED ACCOUNTING OF THEIR TRANSACTIONS FOR THE PAST QUARTER, APRIL, MAY AND JUNE, 2011, STARTING ON JULY 1ST, 2011.</i></p> <p><i>THE ADMINISTRATOR WILL BE RESPONSIBLE TO MAINTAIN A QUARTERLY FINANCIAL SUMMARY FOR THE RESIDENTS THE HOME ASSISTS WITH FINANCIAL MANAGEMENT. THE REPORT WILL BE PROVIDED TO BOTH THE RESIDENT AND REPRESENTATIVE PAYEE EACH QUARTER. THE QUARTERS IDENTIFIED AS JAN., APR., JULY, OCT.</i></p> <p><i>FOR ACCOUNTABILITY AND TO AVOID A REPEAT VIOLATION THE OFFICE SUPERVISOR/FISCAL PERSON WILL BE A BACK UP AND ALSO REVIEW ACCOUNTS QUARTERLY</i></p>	<p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date <i>6-28-11</i> Initials (DPW) <i>DCV</i></p>